



New to CMSAA School Previous CMSAA Student New to Montessori

Date: _____

Student: _____
Last First MI

Boy Girl Date of Birth: ____/____/____ Age: ____ Yrs. ____ Mos. U.S. Citizen: Yes No

Address: _____ Home Phone: _____
Street City Zip

Father/Guardian's Name: _____ Driver's Lic#: _____

Address: _____ Home Phone: _____
(If Different) (If Different)

Employer Name/Address: _____

Occupation: _____ Bus. Phone: _____

Email: _____ Mobile: _____

Mother/Guardian's Name: _____ Driver's Lic#: _____

Address: _____ Home Phone: _____
(If Different) (If Different)

Employer Name/Address: _____

Occupation: _____ Bus. Phone: _____

Email: _____ Mobile: _____

School Child Now Attends: _____

How did you hear about CMSAA Summer Enrichment: Online Friend Flier Other: _____

What language(s) are spoken in the home? _____

Are you interested in having your child attend Christian Montessori School of Ann Arbor? Yes No

Health:

Has your child ever experienced any of the following: Serious Illness Epilepsy Surgery Accidents
 Hospitalization Allergic Reaction Frequent Colds Asthma Heart/Respiratory Ailments

If yes, please explain: _____

Does your child have any fears of which we should be aware? _____

Are there any health considerations that would prohibit your child from participating fully in summer activities including physical education classes or sports activities? Are there any special accommodations required due to physical disabilities?

Has your child ever been asked to leave a child care center? No Yes

If yes, please explain: _____

Does your child take daily naps of one-hour or more? Yes No Is your child Toilet-Trained? Yes No

NIDO			3 Week Minimum	3 Week Minimum	3 Week Minimum
			Full Day 8:15 AM – 03:15 PM	Extended AM 7:30 AM – 08:15 AM	Extended PM 3:15 PM – 05:45 PM
<input type="checkbox"/>	Week 1	June 20-22:	\$192	\$50	\$65
<input type="checkbox"/>	Week 2	June 25-29:	\$320	\$50	\$65
<input type="checkbox"/>	Week 3	July 2-6:	CLOSED		
<input type="checkbox"/>	Week 4	July 9-13:	\$320	\$50	\$65
<input type="checkbox"/>	Week 5	July 16-20:	\$320	\$50	\$65
<input type="checkbox"/>	Week 6	July 23-27:	\$320	\$50	\$65
<input type="checkbox"/>	Week 7	July 30-August 3:	\$320	\$50	\$65
<input type="checkbox"/>	Week 8	August 6-10:	\$320	\$50	\$65
<input type="checkbox"/>	Week 9	August 13-17:	\$320	\$50	\$65
<input type="checkbox"/>	Week 10	August 20-22:	\$192	\$50	\$65
		Total:			

*Highlighted dates are shorter weeks

FORMS NEEDED FOR THE FIRST DAY (NEW STUDENTS ONLY)

1. Child Information Record
2. Immunization Form
3. Health Appraisal

To register your child, please send us this application and one-time \$45 Application fee. The Application Fee is non-refundable. The Application fee will be applied towards summer tuition if received by April 13th, 2018.

Christian Montessori School of Ann Arbor admits children of any race, color, religion, national, or ethnic origins. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational and admissions policies. Please see CMSAA Handbook for Discipline Policy.

Parents' Signature: _____ Date: _____

Parents' Signature: _____ Date: _____